

Foster Family Home - Deficiency Report

Provider ID: 1-210070

Home Name: Angeline Craythorn, CNA

Review ID: 1-210070-1

142-B Maluniu Avenue

Reviewer: David Ayling

Kailua

HI 96734

Begin Date: 10/6/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 11/6/21.


Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) - CG #1 needs at least one approved CG.


Compliance Manager


Primary Care Giver

10/6/2021
Date

10/6/2021
Date